

# Massachusetts Employer Health Insurance Survey

*Conducted by:*

Center for Survey Research,  
University of Massachusetts Boston

*For:*

**The Commonwealth of Massachusetts,  
Division of Health Care Finance and Policy**

**Spring 2009**

**Before you begin, there are a couple of important things you need to know.**

Your answers are **completely confidential**. The information from this study will not be presented or published in any way that would permit identification of you or your organization. Your answers will be combined with other groups' answers for statistical analysis. If you have any questions or concerns about this study, please contact Tony Roman at 1-800-492-5845.

It is very important that you answer each question as honestly and accurately as you can.

Mark one answer for each question by placing an **X** in the answer box (like this **ξ** ), or by writing your answer to the question in the space provided.

Arrows (**Υ**) will direct you to answer follow-up questions or to skip over certain questions.

If there is any question that you would prefer not to answer, please skip that question and go on to the next question.

Your participation is, of course, voluntary.

Your participation is greatly needed and appreciated. This is the best way we can learn about the problems organizations confront in offering health insurance to employees.

Please return the completed questionnaire in the enclosed postage-paid envelope to:

**Center for Survey Research  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02125-3393**

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The following questions refer to employees working for this organization at this site or location. The site or location could be a single store, office, or factory, or it could be an office complex or group of buildings that make up this particular location for this organization.

The number of employees should include both full- and part- time employees but should exclude contract employees. A contract employee is a skilled temporary employee working under terms specified by a contract between the employee, or an agency representing the employee, and the employer.

We also do not want you to include employees that may work for this organization at other locations in Massachusetts or elsewhere.

Throughout, please provide your best estimate for the number or percents requested.

1. As of today, including management, how many full- and part-time employees are employed by this organization at this site? (Note: A part-time employee works fewer hours than what your firm considers full time) **(Exclude contract employees.)**

Total # of Employees: \_\_\_\_\_

2. How many full- and part-time employees were employed by this organization at this site 12 months ago? **(Exclude contract employees.)**

# of Employees 12 months ago: \_\_\_\_\_

3. How many hours per week must an employee work to be considered full-time?

Total # of Hours: \_\_\_\_\_

4. As of today, how many, or what percent, of employees work part-time? (Note: a part-time employee works fewer hours than what your firm considers full time) **(Please answer with a number or percent, whichever is easier for you.)**

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_ %

5. How many, or what percent, of the employees worked part-time 12 months ago? (Note: a part-time employee works less than what your firm considers full time)

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_ %

6. How many, or what percent, of the employees at this site are members of a union?

Number:\_\_\_\_\_ -OR- Percent:\_\_\_\_\_ %

☐ None **γ If None, Go to #7**

☐ Don't know **γ If Don't Know, Go to #7**

6a. Considering only the union employees, how many or what percent are members of a multi-employer Taft-Hartley union that administers its own health plan?

Number:\_\_\_\_\_ -OR- Percent:\_\_\_\_\_ %

7. How many of the employees at this site are "temporary employees"? (A temporary employee is one employed by your firm for a designated time period.)?

# of Temporary Employees:\_\_\_\_\_

8a. How many contract workers are employed at this site? (A contract worker is one hired to perform specific functions in a contractual relationship for a defined period of time. They can be hired through staffing agencies or work as independent contractors.)

# of Contract Workers:\_\_\_\_\_

8b. How many contract workers were employed at this site 12 months ago?

# of Contract Workers 12 months go:\_\_\_\_\_

9. How many or what percent of all employees at this site are:

		Numbe r		Percent	Don't Kno w
a.	Under age 27?	_____ _	O R	_____ %	<input type="checkbox"/>
b.	At least 27 but less than 65?	_____ _	O R	_____ %	<input type="checkbox"/>
c.	Age 65 or older?	_____ _	O R	_____ %	<input type="checkbox"/>

**10.** Considering the earnings of your full-time employees at this site (including management but excluding contract and part-time employees), to the best of your knowledge, how many, or what percent, earn:

		Number		Percent	Don't Know
<b>a.</b>	About \$22,000 or less per year? This equals about \$11 per hour	_____	OR	_____ %	<input type="checkbox"/>
<b>b.</b>	About \$52,000 or more per year? This equals about \$25 per hour	_____	OR	_____ %	<input type="checkbox"/>

**11.** Which of the following benefits does this organization offer to full-time employees?

		Yes	No	Don't Know
<b>a.</b>	Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	A retirement or pension plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	Pretax flexible spending accounts for uncovered health expenses (Section 125 FSA's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12.** Does this organization exist only at this site, or are there other sites in Massachusetts or in the United States?

- ☐ This is the only site
- ☐ There are other sites
- ☐ Don't know

**13.** For approximately how many years has this organization been operating?

- ☐ Less than 1 year
- ☐ At least 1 year, but less than 5 years
- ☐ At least 5 years, but less than 10 years
- ☐ 10 years or more
- ☐ Don't know

**14.** Which of the following best describes your role within this organization at this site? (Please check only one box.)

- ☐ Owner
- ☐ Office Manager
- ☐ Human Resources Staff
- ☐ Financial Staff

- ☐ Administrative Assistant
  - ☐ Some other role (Please print.)
- 

**15.** Which of the following best describes your role in making decisions about health insurance at this site?  
(Please check only one box.)

- ☐ I make the decisions alone
- ☐ I make the decisions with input from others
- ☐ I am part of a group that makes the decisions
- ☐ Someone else makes the decisions with significant input from me
- ☐ Someone else makes the decisions with little or no input from me
- ☐ Don't know

**16.** Are decisions about health insurance (such as whether it is offered, which plans are offered or how much it will cost employees) made at this site?

- ☐ Yes
- ☐ No
- ☐ Don't know

**17.** Does this organization offer health insurance to employees? (Please exclude union-administered multi-employer Taft-Hartley health plans and their members from your consideration.)

- ☐ Yes **γ If Yes, Go to #20**
- ☐ No

**18.** Has your firm offered health insurance to your employees at any time within the past five years?

- ☐ Yes
- ☐ No
- ☐ Don't know

**19.** Has your firm shopped for health insurance in the past year?

- ☐ Yes
- ☐ No
- ☐ Don't know

**20.** How well do you understand the Massachusetts health care reform plan?

- ☐ Very well
- ☐ Somewhat well
- ☐ Not too well
- ☐ Not at all well
- ☐ Don't know

**21.** How familiar are you with the “Connector” established as part of the Massachusetts health care reform plan?

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not too familiar
- ☐ Not at all familiar
- ☐ Don't know

For information on Commonwealth Choice and the Commonwealth Connector, go to **[www.mass.gov/connector.org](http://www.mass.gov/connector.org)**

**22.** The Massachusetts health care reform plan includes a “fair share” employer contribution for firms with 11 or more full time workers who may be subject to the “fair share” if they don’t pass certain criteria related to employer premium contribution percents and/or the percent of employees enrolling in the employer’s offered health insurance coverage. How familiar are you with the “fair share” contribution rules?

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not too familiar
- ☐ Not at all familiar
- ☐ Don't know

**23.** For firms with 11 or more full time workers: Did your firm pay a “fair share” contribution fine in 2008?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ This firm had less than 11 employees in 2008

**IF THIS FIRM DOES NOT OFFER HEALTH INSURANCE:  
(THE ANSWER TO QUESTION 17 WAS ‘NO’), GO TO SECTION B ON PAGE 15**

**The questions in this section concern the rules followed by this organization in offering health insurance. Please exclude any rules and policies pertaining to multi-employer union-administered Taft-Hartley plans.**

**A1.** Are any part-time employees eligible for health insurance coverage offered by your firm (a part-time employee works less than what your firm considers full time)?

- ☐ Yes
- ☐ No **γ If No, Go to A3**
- ☐ Don't know **γ If Don't Know, Go to A3**

**A2.** How many hours per week must a part-time employee work to be eligible for health insurance coverage?

Total # of Hours: \_\_\_\_\_

- ☐ We only offer health insurance to full-time employees
- ☐ Don't know

**A3.** Are any temporary employees eligible for health insurance coverage (a temporary employee is one employed by your firm for a designated period of time)?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A4.** Are any contract workers eligible for health insurance coverage (contract workers are hired to perform specific functions in a contractual relationship for a defined time period. Contract workers may work as independent contractors or be hired through staffing agencies).

- ☐ Yes
- ☐ No
- ☐ Don't know

**A5.** Does this organization purchase health insurance through a larger group such as a parent company or a purchasing consortium?

- ☐ Yes
- ☐ No
- ☐ Don't know



**A6.** In this organization, which of the following groups are offered health insurance? (Please check one box in each row.)

		Yes	No	Don't Know
<b>a.</b>	Opposite-sex spouses of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Same-sex spouses of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Opposite-sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	Same-sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Dependent children of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7.** Currently, including management but excluding contract employees, approximately how many, or what percent, of employees at this site are eligible for health insurance from this organization? (Please do not include any dependents or retiree health plan participants in this number. Please exclude employees eligible for union administered multi-employer Taft-Hartley plans.)

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_ %  
☐ Don't know

**A8.** Of those employees eligible for health insurance, approximately how many, or what percent, are enrolled or covered by your health insurance plan?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_ %  
☐ Don't know

**A9.** The next five questions are about the types of coverage your employees sign up for, such as single, single plus one, or family coverage. Reported percentages should add up to 100% and your best guess is acceptable.

Does your firm offer single plus one coverage? (Note: single plus one coverage includes either an employee

plus a spouse, or an employee with a child.)

- ☐ Yes
- ☐ No
- ☐ Don't know

**A10.** Does your firm offer family coverage? (Even if your firm does not contribute anything extra for family coverage, but only pays the same amount you pay for single coverage, that counts as offering family coverage. Anything other than single or single plus one coverage should be counted here.)

- ☐ Yes
- ☐ No
- ☐ Don't know

**A11.** How many or what percentage of your covered employees sign up for single coverage? Your best guess is acceptable. (Do not include partners.) (Please answer with a number or percent, whichever is easier for you.)

Number: \_\_\_\_\_ or  
% of Employees: \_\_\_\_\_

- ☐ Don't know

**A12.** How many or what percentage of your covered employees sign up for single plus one coverage? Your best guess is acceptable. (Do not include partners.)

Number: \_\_\_\_\_ or  
% of Employees: \_\_\_\_\_

- ☐ Don't know

**A13.** How many or what percentage of your covered employees sign up for family coverage? Your best guess is acceptable. (Do not include partners.)

Number: \_\_\_\_\_ or  
% of Employees: \_\_\_\_\_

- ☐ Don't know

**A14.** If an employee turns down health insurance coverage offered by this organization, does that employee receive money or other compensation?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A15.** If an employee turns down health insurance coverage offered by this organization, does that employee have the option of applying points or credit toward another benefit (cafeteria plan)?

- ☐ Yes

- ☐ No
- ☐ Don't know

**A16.** Have any of your current employees turned down your health insurance coverage?

- ☐ Yes
- ☐ No **γ If No, Go to #A18**
- ☐ Don't know **γ If Don't Know, Go to #A18**

**A17.** Approximately how many, or what percentage of employees have turned down health insurance coverage?

Number: \_\_\_\_\_ or  
 % of Employees: \_\_\_\_\_  
☐ Don't know

**A18.** From last year to this year, did the percentage of eligible employees who turned down health insurance increase, decrease, or remain about the same?

- ☐ Increased
- ☐ Decreased
- ☐ Remained about the same
- ☐ Don't know

**A19.** Is there a waiting period before employees become eligible to enroll in your health insurance?

- ☐ Yes
- ☐ No **γ If No, Go to #A21**
- ☐ Don't know **γ If Don't know, Go to #A21**

**A20.** What is the length of this waiting period?

- ☐ Less than 1 month
- ☐ At least 1 month but less than 3 months
- ☐ At least 3 months but less than 6 months
- ☐ 6 months or longer
- ☐ Don't know

**A21.** When answering this question, please exclude mandated COBRA continuation from consideration and check only one box.

For retirees under age 65, who have worked the required number of years, does this organization offer:

- ☐ Retiree health coverage to all such retirees under age 65
- ☐ Retiree health coverage to only those hired or retired before a specific year
- ☐ A subsidy to purchase health coverage on their own

- ☐ No retiree health coverage or subsidy

**A22.** When answering this question, please continue to exclude mandated COBRA continuation from consideration and check only one box.

For retirees age 65 or over who have worked the required number of years, does this organization offer:

- ☐ Medicare supplemental or wraparound gap health coverage to all such retirees over age 65
- ☐ Medicare supplemental or wraparound gap health coverage to only those hired or retired before a specific year
- ☐ A subsidy to purchase Medicare Supplemental or wraparound gap health coverage on their own
- ☐ No Medicare supplemental or wraparound gap health coverage or subsidy

**A23.** A health plan is fully-insured if it is purchased from an insurance company or other underwriter who assumes full risk for employees' medical expenses. A health plan is employer self-funded (ERISA) if an organization pays the cost of the claims itself regardless of any third party that administers the plan.

Please complete the following table for **each health plan** this organization currently offers to employees at this site, excluding any union administered multi-employer Taft-Hartley plan. Begin with the health plan that covers the largest number of employees.

		Is this plan fully-insured or employer self-funded (ERISA)?			Of those enrolled in a health plan at this site, what number or percent are enrolled in this plan?			
	Plan Name	Fully-insured	Self-funded	Don't know	Number		Percent	Don't know
<b>a.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR	_____%	<input type="checkbox"/>
<b>b.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR	_____%	<input type="checkbox"/>
<b>c.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR	_____%	<input type="checkbox"/>
<b>d.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR	_____%	<input type="checkbox"/>
<b>e.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR	_____%	<input type="checkbox"/>

**A24** In the next year, how likely is it that your firm will make any of the following changes to any of your health plans:

		Very likely	Somewhat likely	Not too likely	Not at all likely	Don't know
<b>a.</b>	Increase the amount that employees have to pay for premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Increase the amount that employees have to pay for deductibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Increase the amount that employees have to pay for office visit co-pays or coinsurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>d.</b>	Increase the amount that employees have to pay for prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Restrict employee eligibility for coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	Drop coverage entirely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	Offer a high deductible plan with a health reimbursement arrangement (HRA) in the next year? A high deductible plan is defined as one with at least a \$1,000 deductible for single coverage and a \$2,000 deductible for family coverage annually. An HRA is a medical care reimbursement arrangement sponsored by an employer. HRAs are funded on a pre-tax basis ONLY by an employer, not the worker, and the funds are NOT portable from job to job. (Employees use the funds for medical care or services, and unused fund balances may be carried over by the employee into the next year.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b>	Offer a high deductible plan with a health savings account (HSA) in the next year? An HSA permits a member of the plan to establish a health savings account to pay for medical expenses. BOTH employers and employees can make pre-tax contributions to a health savings account. Employees own the account and can carry over funds in an HSA from year to year, and ALSO from job to job. (An HSA qualified health plan MUST HAVE an annual deductible of AT LEAST \$1,100 for single coverage and \$2,200 for family coverage for 2008. No benefits other than preventive care can be paid by the plan until the annual deductible amount is met. The plan has maximum out-of-pocket cost-sharing of \$5,600 for single coverage and \$11,200 for family coverage in 2008.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A25.** Does your firm's health plan with the largest enrollment include a high performance or tiered provider network? (A high performance network is one that groups providers into the network based on quality, cost, and/or efficiency of care they deliver. These networks encourage patients to visit the most efficient doctors by either restricting networks to efficient providers, or by having different co-pays or coinsurance for providers in different tiers in the network.)

- ☐ Yes
- ☐ No
- ☐ Don't know

**A26.** There are several types of health plans that employers may offer their employees, such as HMOs, preferred provider organizations, point-of-service plans, conventional plans, and high deductible plans linked with a savings account feature like a health reimbursement arrangement or a health savings account. In answering the following questions, do not consider any health plans that are offered and administered exclusively by a union.

Are any of the plans that your firm offers high deductible health plans? (By a high deductible plan we mean a health plan with a single deductible of AT LEAST \$1,000 and a family deductible of AT LEAST \$2,000 annually.)

- ☐ Yes **γ If Yes, Go to #A26a**
- ☐ No **γ If No, Go to #A27**
- ☐ Don't know **γ If Don't Know, Go to #A27**

**A26a.** Sometimes, a high deductible plan is paired with a health reimbursement arrangement or HRA. HRA's are defined in question A24g. Are ANY of the high-deductible plans your firm offers paired with a health reimbursement arrangement or HRA?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A26b.** Sometimes, a high-deductible plan qualifies to allow the enrollee to open a Health Savings Account or HSA to pay for medical expenses. HSA's are defined in question A24h. Are ANY of the high-deductible plans your firm offers HSA qualified plans?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A27.** Do you have an IRS Section 125 plan that allows employees to pay health insurance premiums on a pretax basis?

- ☐ Yes **γ If Yes, Go to #A27b**
- ☐ No **γ If No, Go to #A27a**

☐ Don't know **γ If Don't Know, Go to #A28A27a.** Following is a list of reasons why employers might not offer employees a section 125 tax shelter that covers health insurance premiums. For each reason listed, please answer how important this reason was in the decision not to adopt a section 125 plan. **(Please check one box in each row.)**

		Very importan t	Somewha t important	Not at all importan t	Don't know
1.	Not aware that 125 plans are available for this purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Setting up a 125 plan is an administrative hassle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	No demand from employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Setting up and administering a 125 plan is costly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Not sure how to go about setting up a Section 125 plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IF YOU ANSWERED A27a, GO TO QUESTION A28

**A27b.** Approximately what percentage of employees who are eligible for your firm's benefits took advantage of this section 125 plan for their health insurance premiums?

Full-time employees: \_\_\_\_\_%

Part-time employees: \_\_\_\_\_%

☐ Don't know

**A27c.** Approximately what percentage of employees who are not eligible for your firm's benefits took advantage of this section 125 plan for their health insurance premiums?

Full-time employees: \_\_\_\_\_%

Part-time employees: \_\_\_\_\_%

☐ Don't know

Please visit [www.mass.gov/connector.org](http://www.mass.gov/connector.org) and click on the "employers" tab for more information on IRS Section 125 plans.

**A28.** To the best of your knowledge, was your firm aware that starting in 2009, individuals are required to have health insurance that meets the standard of minimum creditable coverage, or else face a financial penalty? (This

means that in order to meet the requirements of the health care reform plan, individuals must be covered by health insurance that includes certain levels of benefits and limits on cost sharing mandated by the state, such as drug coverage and caps on deductibles and out of pocket limits.)

- ☐ Yes **γ If Yes, Go to #A28a**
- ☐ No **γ If No, Go to #A29**
- ☐ Don't know **γ If Don't Know, Go to #A29**

**A28a.** Did your firm educate employees about the minimum creditable coverage required by the state as of January 2009, since people not meeting the requirement face a financial penalty? (Minimum creditable coverage means that people must be covered by health insurance that includes certain levels of benefits and limits on cost sharing mandated by the state, such as drug coverage and caps on deductibles and out of pocket limits.)

- ☐ Yes
- ☐ No
- ☐ Don't know

**A28b.** Did your firm increase the level of benefits covered by any of your health plans so that the plans meet the standard of minimum creditable coverage?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A28c.** Does your firm offer health insurance to employees that you believe meets the standard of minimum creditable coverage?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A29.** For firms that offer more than one plan: when your company contributes towards the premium for a worker's health coverage, how is the contribution determined?

- ☐ The company contributes the same dollar amount regardless of the plan chosen
- ☐ The worker contributes the same dollar amount regardless of the plan chosen.
- ☐ The company contributes the same percentage of the total premium regardless of the plan chosen.
- ☐ The worker's contribution varies based on other factors
- ☐ We offer only one plan
- ☐ Don't know



Please answer the questions in this section about the health plan this firm offers that has the highest enrollment. Please exclude any union-administered multi-employer Taft-Hartley plan, even if that plan has the most members.

**A30.** What is the name of the most popular, or only, plan at this site?

Plan name : \_\_\_\_\_

**A31.** The definitions of employer self-funded (ERISA) and fully-insured plans are provided at question A23

Is this plan employer self-funded (ERISA) or fully-insured?

- ☐ Employer self-funded (ERISA)
- ☐ Fully-insured
- ☐ Don't know

**A32.** When answering the next question, please refer to the plan that has the highest enrollment.

Many firms introduced changes to their health insurance plans this plan year or are planning to introduce changes next plan year. For each of the following changes, did this firm introduce that change this plan year or are you planning to introduce it next plan year or neither? **(Please check all boxes that apply in each row.)**

		Did change in last year	Plan to change in next year	No change made or planned	Don't know
<b>a.</b>	Change deductible amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Change or introduce co-payment amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Place limits on specific benefits such as mental health visits, number of prescriptions, or other such limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	Offer a plan with a limited or reduced hospital or physician network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Offer a plan with an incentive for employees to use less expensive hospitals, such as community hospitals instead of teaching hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>f.</b>	Institute a disease management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	Offer a plan with a “pay for performance” bonus to high quality providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b>	Institute a high deductible consumer driven health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b>	Some other change (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A33.** What is the current co-payment dollar amount or co-insurance percent for in-network providers for each of the following?

		Co-payment		Co-insurance	Don't Know	Not Covered
<b>a.</b>	A primary care physician office visit	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	An emergency room visit	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	An inpatient hospitalization	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	An outpatient mental health visit	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	A generic prescription drug (or Tier 1)	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	a preferred brand prescription drug (or Tier 2)	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	A non-preferred brand prescription drug (or Tier 3)	\$ _____	<b>OR</b>	_____ %	<input type="checkbox"/>	<input type="checkbox"/>

**A34.** Please continue to think about the plan offered by your organization that has the highest enrollment. The next questions ask about variations in employee contributions to this plan’s premium, other than variations due to the cost of individual versus family coverage. Is there a deductible that must be satisfied before insurance begins to cover expenses for:

		Yes	No	Don't Know
<b>a.</b>	Inpatient hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A35.** Do employees make any contributions to this plan’s premium, or does your organization pay 100% of the premium costs?

- ☐ Employees contribute to the premium
- ☐ Employer pays 100%

**A36.** Please answer the following questions about current monthly costs for this plan. If amounts can vary, enter the amount that would be correct for the largest number of employees.

		Per Month	Coverage Not Offered	Don't Know
<b>a.</b>	What is the current <u>full-time</u> employee contribution <u>per month</u> for an employee's <u>individual</u> coverage with this plan?	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's <u>individual</u> coverage with this plan?	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	What is the current <u>full-time</u> employee contribution <u>per month</u> for coverage for a <u>family</u> with this plan?	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's coverage for a <u>family</u> with this plan?	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**A37.** Is this an IRS Section 125 plan that allows employees to contribute their portion of the premium on a pretax basis?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A38.** At the time of your most recent renewal, what percent premium increase did you experience for this plan for individual coverage?

Percent: \_\_\_\_\_ %

- ☐ Don't know

**A39.** At the time of your most recent renewal, what percent premium increase did you experience for this plan for family coverage?

Percent: \_\_\_\_\_ %

- ☐ Don't know
- ☐ We do not offer family coverage

**A40.** At the time of your most recent renewal, if you experienced a premium increase for this plan, did your broker or insurer present detailed data to you showing the basis for the premium increase?

- ☐ Yes
- ☐ No
- ☐ We did not have an increase
- ☐ Don't know

**A41.** For your employees that are not eligible for health insurance, do you assist them in any way in applying for MassHealth (Medicaid) or Commonwealth Care, the state's subsidized insurance programs?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A42.** Does your organization receive from your broker or insurer, at least annual data on the health care utilization of this organization's employees?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A43.** If this organization could limit health insurance in some ways to make it more affordable, how acceptable would each of the following limits be? (Please check one box in each row.)

		Definitely Acceptable	Possibly Acceptable	Not at all Acceptable	Don't know
<b>a.</b>	Limited benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	A limited provider network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	High co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	High co-payments for high-wage earners and low co-payments for low-wage earners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	A high deductible before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	A high deductible for high-wage employees and a low deductible for low-wage employees before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you! You are finished. Please go to the bottom of page 17.**

**Please complete this section only if this organization does not offer health insurance (i.e., you answered "No" to question #17 on page 3)**

**B1.** Does your organization assist employees with health expenses in any of the following ways? (Please check one box in each row.)

		Yes	No	Don't Know
<b>a.</b>	We contribute to employees' premiums when they get health insurance from another source, such as a spouse or in the non-group market.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	We contribute to paying for employees' incurred medical bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>c.</b>	We assist employees in applying for MassHealth (Medicaid) or Commonwealth Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	We assist employees in some other way. (Please print.)  _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2.** Has this organization ever offered health insurance?

- ☐ Yes
- ☐ No **γ If No, Go to B4**
- ☐ Don't know **γ If Don't know, Go to B4 on Page 16**

**B3.** Approximately how long ago did you stop offering health insurance?

- ☐ Less than 1 year ago
- ☐ #\_\_\_\_\_ years ago
- ☐ Don't know

**B4.** Following is a list of reasons why organizations might not offer employees health insurance. For each reason listed, please answer how important this reason was in this organization's decision not to offer health insurance to its employees. **(Please check one box in each row.)**

		Very important	Somewhat important	Not at all important	Don't Know
<b>a.</b>	Premiums are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Employee turnover is too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Employees have options for insurance coverage from other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>d.</b>	A high deductible for high-wage employees and a low deductible for low-wage employees before coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Most employees are part-time, temporary or contracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	The organization can attract good employees without offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	The organization is too newly established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b>	It is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b>	The firm is too small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b>	Employees have access to insurance through the Commonwealth Connector's Health Insurance Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5.** Are you aware of the state-sponsored “Insurance Partnership” which helps to pay for health insurance for both employers and employees in small businesses with 50 or fewer employees?

- ☐ Yes  
☐ No **γ If No, Go to B7**  
☐ Don't know **γ If Don't Know, Go to B7 on Page 17**

**For information about the Insurance Partnership, call 1-800-399-8285 or visit**  
[www.insurancepartnership.org](http://www.insurancepartnership.org)

**B6.** Following is a list of reasons why an eligible organization might not make use of the Insurance Partnership. For each reason listed, please answer how important it was in this organization's decision not to use the Insurance Partnership. (Please check one box in each row.)

		Very important	Somewhat important	Not at all important	Don't Know
<b>a.</b>	The subsidies to employers are too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	It is administratively difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	There is a negative stigma associated with participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	The income limit for employee participation is too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Some other reason (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7.** If this organization could limit health insurance in some ways to make it more affordable, how acceptable would each of the following limits be? (**Please check one box in each row.**)

		Definitely Acceptable	Possibly Acceptable	Not at All Acceptable	Don't Know
<b>a.</b>	Limited benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	A limited provider network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	High co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	High co-payments for high-wage earners and low co-payments for low-wage earners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	A high deductible before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>f.</b>	A high deductible for high-wage employees and a low deductible for low-wage employees before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**B8.** In your opinion, how likely is this organization to offer health insurance within the next two years?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not likely at all
- ☐ Don't know

**Thank you!**

You are now finished with this survey.

We appreciate the time you have taken to participate.

Please return this questionnaire in the enclosed postage-paid return envelope to:

Center for Survey Research  
University of Massachusetts Boston  
100 Morrissey Boulevard  
Boston, MA 02125-3393

Please feel free to access our website at  
**[www.state.ma.us/dhcfp](http://www.state.ma.us/dhcfp)**  
to see the results of this survey in a few months.

**Thank you again for your time and cooperation!**

Please write any general comments about the survey below or on the back cover.